

RECOGNITION REQUEST FORM CITY OF LA HABRA

TODAY'S DATE:						
CONTACT INFORMATION:						
Date Requested:		Dated Needed:				
Choose:	Proclamation:		Certifica	ate:		Tile:
Requested by:						
Contact Person:						
Telephone:	elephone: Email address:					
Street Address:			City:			
State:			Zip Code:			
RECOGNITION INFORMATION:						
Full name of Recipient (Person, Group or Organization Being Recognized):						
Reason proclamation/certificate is being requested:						
Brief Summary and/or background of event; organization, or individual:						
Proposed text/information for proclamation: biography on individual / organization /						
group being honored. This information will be used in the "Whereas" clauses; If you						
have a draft of the proposed proclamation please attached it to this document.						
Action to be taken - for office use only						
To be presente	ed at City Council	Meeting.	Meeting	Date:		
To be mailed.			Address	s:		
To be presented at event.			Event D	Event Date:		
To be picked up.			Date to be picked up:			
Scout Award: (Update Lobby Plaque)			Award: Eagle Scout Gold Silver			
NOTES(for office use):						